

County: Green
 NEW GLARUS HOME, INC.
 600 2ND AVENUE

Facility ID: 6060

Page 1

NEW GLARUS 53574 Phone: (608) 527-2126
 Operated from 1/1 To 12/31 Days of Operation: 365
 Operate in Conjunction with Hospital? No
 Number of Beds Set Up and Staffed (12/31/03): 97
 Total Licensed Bed Capacity (12/31/03): 97
 Number of Residents on 12/31/03: 80

Ownership: Nonprofit Church/Corporation
 Highest Level License: Skilled
 Operate in Conjunction with CBRF? Yes
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? Yes
 Average Daily Census: 89

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/03)				Length of Stay (12/31/03)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		18.8
Supp. Home Care-Personal Care	No					1 - 4 Years		53.8
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	2.5	More Than 4 Years		17.5
Day Services	No	Mental Illness (Org./Psy)	40.0	65 - 74	10.0			----
Respite Care	No	Mental Illness (Other)	1.3	75 - 84	26.3			90.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	50.0	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.3	95 & Over	11.3	Full-Time Equivalent		
Congregate Meals	Yes	Cancer	2.5		----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	7.5		100.0	(12/31/03)		
Other Meals	No	Cardiovascular	12.5	65 & Over	97.5	-----		
Transportation	No	Cerebrovascular	8.8		-----	RNs		11.2
Referral Service	No	Diabetes	2.5	Gender	%	LPNs		5.4
Other Services	No	Respiratory	0.0		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	23.8	Male	27.5	Aides, & Orderlies		
Mentally Ill	No		----	Female	72.5			
Provide Day Programming for			100.0		----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

		Medicare (Title 18)		Medicaid (Title 19)		Other		Private Pay		Family Care		Managed Care						Total Resi- dents	% Of All
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%		
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Skilled Care	6	100.0	313	43	100.0	113	0	0.0	0	30	96.8	136	0	0.0	0	0	0.0	79	98.8
Intermediate	---	---	---	0	0.0	0	0	0.0	0	1	3.2	131	0	0.0	0	0	0.0	1	1.3
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Total	6	100.0		43	100.0		0	0.0		31	100.0		0	0.0		0	0.0	80	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/03				
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Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total Number of
Private Home/No Home Health	1.0	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Residents
Private Home/With Home Health	10.2	Bathing	0.0	93.8	6.3	80
Other Nursing Homes	1.0	Dressing	5.0	81.3	13.8	80
Acute Care Hospitals	77.6	Transferring	15.0	71.3	13.8	80
Psych. Hosp.-MR/DD Facilities	2.0	Toilet Use	15.0	71.3	13.8	80
Rehabilitation Hospitals	0.0	Eating	36.3	53.8	10.0	80
Other Locations	8.2	*****				
Total Number of Admissions	98	Continence		%	Special Treatments	%
Percent Discharges To:		Indwelling Or External Catheter	2.5		Receiving Respiratory Care	7.5
Private Home/No Home Health	1.8	Occ/Freq. Incontinent of Bladder	56.3		Receiving Tracheostomy Care	0.0
Private Home/With Home Health	33.0	Occ/Freq. Incontinent of Bowel	16.3		Receiving Suctioning	0.0
Other Nursing Homes	1.8				Receiving Ostomy Care	1.3
Acute Care Hospitals	3.7	Mobility			Receiving Tube Feeding	0.0
Psych. Hosp.-MR/DD Facilities	1.8	Physically Restrained	10.0		Receiving Mechanically Altered Diets	38.8
Rehabilitation Hospitals	0.0					
Other Locations	7.3	Skin Care			Other Resident Characteristics	
Deaths	50.5	With Pressure Sores	5.0		Have Advance Directives	85.0
Total Number of Discharges		With Rashes	3.8		Medications	
(Including Deaths)	109				Receiving Psychoactive Drugs	55.0

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Nonprofit Peer %	Group Ratio	Bed Size: 50-99 Peer %	Ratio	Licensure: Skilled Peer %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	91.8	86.2	1.06	83.7	1.10	84.0	1.09	87.4	1.05
Current Residents from In-County	78.8	78.8	1.00	72.8	1.08	76.2	1.03	76.7	1.03
Admissions from In-County, Still Residing	20.4	24.5	0.83	22.7	0.90	22.2	0.92	19.6	1.04
Admissions/Average Daily Census	110.1	110.9	0.99	113.6	0.97	122.3	0.90	141.3	0.78
Discharges/Average Daily Census	122.5	116.1	1.05	115.9	1.06	124.3	0.98	142.5	0.86
Discharges To Private Residence/Average Daily Census	42.7	44.0	0.97	48.0	0.89	53.4	0.80	61.6	0.69
Residents Receiving Skilled Care	98.8	94.4	1.05	94.7	1.04	94.8	1.04	88.1	1.12
Residents Aged 65 and Older	97.5	96.1	1.01	93.1	1.05	93.5	1.04	87.8	1.11
Title 19 (Medicaid) Funded Residents	53.8	68.3	0.79	67.2	0.80	69.5	0.77	65.9	0.82
Private Pay Funded Residents	38.8	22.4	1.73	21.5	1.80	19.4	1.99	21.0	1.85
Developmentally Disabled Residents	0.0	0.6	0.00	0.7	0.00	0.6	0.00	6.5	0.00
Mentally Ill Residents	41.3	36.9	1.12	39.1	1.06	36.5	1.13	33.6	1.23
General Medical Service Residents	23.8	17.2	1.38	17.2	1.38	18.8	1.26	20.6	1.16
Impaired ADL (Mean)	49.3	48.1	1.02	46.1	1.07	46.9	1.05	49.4	1.00
Psychological Problems	55.0	57.5	0.96	58.7	0.94	58.4	0.94	57.4	0.96
Nursing Care Required (Mean)	7.0	6.8	1.03	6.7	1.05	7.2	0.98	7.3	0.96